CIVILIAN TDY FUNDING

Enabling the "Global" in "Global Reach—Global

- **DD Form 1556, Request, Authorization, Agreement, Certification of Training and Reimbursement**
  - **Form is available by going to- AF e-publishing**
    - **Information management tools/forms**
    - **Department of Defense Forms Site**
    - **Department of Defense Forms (DD)**
    - **DoD (DD) Forms Inventory 1500-1999**
    - **DD 1556**

- **Fill out form in accordance with instructions on first two pages.**

- **Form signed by supervisor and authorizing official, typically squadron commander.**

X the appropriate copy designator. | Copy 6- AGENCY (FINANCE/DISBURSING, TUITION) | Copy 8- AGENCY (EMPLOYEE)

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. AGENCY CODE AND SUBELEMENT, AND SUBMITTING OFFICE NUMBER (xx-xx-xxxx)	B. STANDARD DOCUMENT NUMBER (Org. identifier/FY/Doc./type code/Serial Number)	C. REQUEST STATUS OR PROCESS CODE (X one)	D. AMENDMENT NO.
		X (1) Initial ; ( ) (2) Resubmission ; ( ) (3) Correction ; ( ) (4) Cancellation	

SECTION A - TRAINEE / APPLICANT INFORMATION

1. NAME (Last, First, Middle Initial)	2. 1st 5 LETTERS OF LAST NAME	3. SOCIAL SECURITY NUMBER	4. ED. LEVEL	5. CONTINUOUS FEDERAL SVC. a. Years	b. Months
SMITH, JAMES L	SMITH	222-58-3333	10	8	5

6. HOME ADDRESS (Street, City, State and ZIP Code) (optional)	7. TELEPHONE NUMBERS (Include area code)	8. POSITION TITLE
222 OAK STREET WICHITA KS 67221	a. Home (333) 888-4444 b. Office	FACILITY MANAGER

11. ORGANIZATION NAME	(1) Commercial (333) 888-4444	9. POSITION LEVEL (X one)	10. PAY PLAN/SERIES/GRADE/STEP (Rank/MOS/AFSC/or Navy Designator)
MEDICAL SUPPORT SQUADRON	(2) DSN 940-4444	a. Executive	GS-10
		X b. Manager	

12. ORGANIZATION MAILING ADDRESS (Include ZIP Code)	13. ORGANIZATION UIC	16. ARE YOU HANDICAPPED OR DISABLED? (X one)	14. TYPE OF APPOINTMENT	15. NO. PRIOR NON-GOVERNMENT TRAINING DAYS
MDSS/SGSLF MCCONNELL AFB KS 67221	c. Supervisory d. Non-Supervisory e. Other (Specify)	( ) Yes X No	C	

SECTION B - TRAINING COURSE DATA

17. COURSE TITLE: ASHE AND MEDICAL FACILITIES MANAGEMENT CONFERENCE

18. TRAINING OBJECTIVES (Benefits to be derived by the Government)
LIST TRAINING OBJECTIVES

19. RECOMMENDED TRAINING SOURCE, SCHOOL OR FACILITY
a. Name: GAYLORD PALMS
b. Mailing Address (Include ZIP Code)
ORLANDO FL

c. Location of Training Site (If other than 19b)

20. COURSE CODES

a. Purpose	2	f. Security Clearance	U	k. Training Program	
b. Type	5	g. Allocation Status	1	l. Reason for Selection	3
c. Source	4	h. Priority	2	23. TRAINING PERIOD (YYYYMMDD)	
d. Special Interest	0	i. Training Level	4	a. Start	20040726
e. Training Vendor		j. Method of Training	4	b. Complete	20040730

21. COURSE HOURS (4 digits)		22. COURSE IDENTIFIERS	
a. Duty	40	a. SAID	
b. Non-duty		b. Catalog/Course No.	
c. TOTAL		c. Offering/TLN	

SECTION C - COST INFORMATION *(Costs incurred and billed are not to exceed amount in item 30.)*

24. IF TRAINING DOES NOT INVOLVE EXPENDITURE OF FUNDS OTHER THAN SALARY, PAY OR COMPENSATION, skip the remainder of questions in Section C and X this box →

25. DIRECT COSTS		26. INDIRECT COSTS (For information only)		27. ACCOUNTING CLASSIFICATION
a. Tuition cost	$475.00	a. Travel cost	$200.00	
b. Books, material, other costs		b. Per diem/other costs	$1000.00	
c. Total direct costs		c. Total indirect costs		
d. Funding source		28. LABOR COSTS		29. SIGNATURE OF FISCAL OFFICER (Follow local procedure) — 30. TOTAL OF DIRECT & INDIRECT COSTS

20. COURSE CODES									
a. Purpose	2	f. Security Clearance	U	k. Training Program					
b. Type	5	g. Allocation Status	1	l. Reason for Selection	3	21. COURSE HOURS (4 digits)		22. COURSE IDENTIFIERS	
c. Source	4	h. Priority	2	23. TRAINING PERIOD (YYYYMMDD)		a. Duty	40	a. SAID	
d. Special Interest	0	i. Training Level	4	a. Start	20040726	b. Non-duty		b. Catalog/Course No.	
e. Training Vendor		j. Method of Training	4	b. Complete	20040730	c. TOTAL		c. Offering/TLN	

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b. Books, material, other costs		b. Per diem/other costs	$1000.00
c. Total direct costs		c. Total indirect costs	
d. Funding source		28. LABOR COSTS	

27. ACCOUNTING CLASSIFICATION

29. SIGNATURE OF FISCAL OFFICER *(Follow local procedure)*

30. TOTAL OF DIRECT & INDIRECT COSTS

31. JOB ORDER NO.

SECTION D - APPROVAL/CONCURRENCE/CERTIFICATION

32. SUPERVISOR: I certify training is job related and nominee meets prerequisites.

a. Typed Name (Last, First, Middle Initial)	b. Phone Number (Include area code)
JONES, MARK D	(333) 888-7777

c. Signature & Title: DIRECTOR MEDICAL LOGISTICS

d. Date (YYYYMMDD)

33. TRAINING OFFCER: I certify this training meets regulatory requirements.

a. Typed Name (Last, First, Middle Initial)	b. Phone Number (Include area code)
THOMAS, JANE	(333) 888-1111

c. Signature & Title

d. Date (YYYYMMDD)

34. AUTHORIZING OFFICIAL

a. Action (X one) → X (1) Approved ( ) (2) Disapproved

b. Typed Name (Last, First, Middle Initial)	c. Phone Number (Include area code)
DAVIS, STEVEN A	(333) 888-2222

d. Signature & Title: MDSS COMMANDER

e. Date (YYYYMMDD)

35. COURSE ACCEPTANCE *(To be completed by school official)*

( ) a. Accepted ( ) b. Not Accepted

c. School Official Signature

d. Date (YYYYMMDD)

36. COURSE COMPLETION *(To be completed by school official)*

a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. →

b. Actual Completion Date (YYYYMMDD)

c. Grade

d. Signature & Title

e. Date (YYYYMMDD)

37. BILLING INSTRUCTIONS *(Identify discount terms % days.)*

Furnish original invoice and 3 copies to:

38. CERTIFYING GOVERNMENT OFFICIAL

a. I certify that this account is correct and proper for payment in the amount of: $

b. Signature & Title

c. Date Signed (YYYYMMDD)

d. DSSN Number

e. Check Number

f. Voucher Number

TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item 8 at top of page to assure prompt payment.

- **Form is turned training officer located at the base education office or civilian personnel.**
  - **Follow up with training officer for funding status.**

- **Contact your MDG civilian liaison for specific details pertaining to your individual base.**